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PTO

## UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

		P TO
Attorney Docket No.	03500.017520.	s.
First Name	d Inventor or Application Identifier	54.
	HIDEO UKUDA	10/
Express Mail Label No.		03

			Express Mai	l Label No.		
See MPE	APPLICATION ELEMEN EP chapter 600 concerning utility patent a		ADDR	RESS TO:	Commission P.O. Box	Patent Application oner for Patents 1450 , VA 22313-1450
1.	Fee Transmittal Form (Submit an original, and a duplicate for fee pro	cessing)	7.	CD-ROM or Program (A	CD-R in duplicate	, large table or Computer
2.	Applicant claims small entity status. See 37 CFR 1.27.		8.		and/or Amino Acid e, all necessary)	Sequence Submission
3. X	Specification Total Pag	es 42		a C	Computer Readable	Form (CRF)
4. X	Drawing(s) (35 USC 113) Total She	ets 21			ation Sequence Lis	_
5. X	Oath or Declaration Total Pag	es 1		ii.	paper	
	a. X Newly executed (original or co	yqq		c S	Statements verifying	g identity of above copies
1	the state of the s			ACCOM	PANYING APPLIC	ATION PARTS
1.	b. Copy from a prior application (for continuation/divisional with		9. X	Assignment I	Papers (cover sheet	& document(s))
	i. <u>DELETION OF INV</u> Signed Statement atta		10.		(b) Statement e is an assignee)	Power of Attorney
,	inventor(s) named in t 37 CFR 1.63(d)(2) and	he prior application, s	see 11.	English Tra	nslation Document	(if applicable)
6. X	Application Data Sheet. See 37 CFR 1.	76	12.		Disclosure (IDS)/PTO-1449	Copies of IDS Citations
i			13.	Preliminary	Amendment	
} ;			14. X		eipt Postcard (MPI specifically itemize	
			15.	Certified Co	opy of Priority Docu priority is claimed)	ument(s)
}			16.	Other:	·	
}			-			
17. If a	CONTINUING APPLICATION, check app	ropriate box and su	ipply the requisi	te information:		
Prior app	Continuation Divisional lication information: Examiner	Continua	ation-in-part (CIP	) of prior app Group/Art Ui	olication No/_	
considere	TINUATION OR DIVISIONAL APPS only: The ed a part of the disclosure of the accompanying upon when a portion has been inadvertently or	continuation or divisi	ional application a	nd is hereby inco		
		18. CORRES	SPONDENCE ADI	DRESS		
x	Customer Number or Bar Code Label	(Insert Customer No.	05514 or Attach bar code	a label here)	or Corres	pondence address below
NAME						
<b></b>	<del></del>	<del></del>				
Address						
City		State			Zip Code	
Country		Telephone			Fax	

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	14-20 =	0	X \$ 18.00 =	\$ 0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3 =	0	X \$ 84.00 =	\$ 0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))		\$280.00 =	\$ 0.00	
				BASIC FEE (37 CFR 1.16(a))	\$750.00
			Total of	above Calculations =	\$ 750.00
	Reduction by	50% for filing by small en	tity (Note 37 CFR 1.9, 1	1.27, 1.28).	
				TOTAL =	\$750.00
9. Sn a.	nall entity status A small er	ntity statement is enclose	d	TOTAL	J\$750.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Jason M. Okun, Registration No. 48,512		
SIGNATURE	Baron M. Clen		
DATE	August 25, 2003		

Form #125

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